

ARMSTRONG TEASDALE LLP

One Metropolitan Square, Suite 2600
 St. Louis, Missouri 63102-2740
 Phone: (314) 621-5070
 Fax: (314) 621-5065
www.armstrongteasdale.com

Date: March 14, 2003

Please Deliver To:
Name: Examiner Chong R. Kim
Firm: U.S. Patent and Trademark Office
Tel: (703)306-4038
Fax: (703) 872-9314
From: Thomas M. Fisher

: Serial Number: 09/557,108

: Docket: 15-CT-5344

PAPERS TRANSMITTED:

Amendment Transmittal (3 pgs.)
 Amendment in response to Office Action
 dated December 4, 2002 (11 pgs.)
 Submission of Marked Up Paragraphs and
 Claims (3 pgs.)

Total pages including cover page: 18
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Date: March 14, 2003

 Thomas M. Fisher
 Registration No. 47,564
Applicant: Jiang Hiesh**Serial No.:** 09/557,108**Filed:** April 24, 2000**Art Unit:** 2623**Examiner:** Chong R. Kim**Atty. Dkt. No.:** 15-CT-5344 (12553-199)**For:** METHOD AND APPARATUS FOR HELICAL RECONSTRUCTION FOR MULTISLICE CT SCAN

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PATENT
15-CT-5344

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jiang Hsieh : Art Unit: 2623
Serial No.: 09/557,108 : Examiner: Chong R. Kim
Filed: April 24, 2000 :
For: METHODS AND APPARATUS :
FOR HELICAL :
RECONSTRUCTION FOR :
MULTISLICE CT SCAN :
Box: Non-Fee Amendment
Commissioner for Patents
Washington, D.C. 20231

TRANSMITTAL

1. Transmitted herewith is:

Amendment in response to Office Action dated January 14, 2003 (11 pgs.);
Submission of Marked Up Paragraphs and Claims (3 pgs.)

STATUS

2. Applicant

Claims small entity status.
 is other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is, on the date shown below, being:

MAILING
____ deposited with the United States Postal Service with
sufficient postage as "Express Mail Post Office to
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for Patents, Washington, D.C. 20231.

Date: March 14, 2003

FACSIMILE
 transmitted by facsimile to the Patent and
Trademark Office


Thomas M. Fisher
Reg. No. 47,564

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

(a) Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
First month	\$ 110.00	\$ 55.00
Second month	\$ 410.00	\$ 205.00
Third month	\$ 930.00	\$ 465.00
Fourth month	\$1,450.00	\$ 725.00
Fifth month	\$1,970.00	\$ 985.00

Fee: \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

An extension of _____ months has already been secured. The fee paid therefor \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$

OR

(b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)		SMALL ENTITY		OTHER THAN SMALL ENTITY
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA		ADDITIONAL RATE FEE OR		ADDITIONAL RATE FEE
TOTAL	28	MINUS	28	= 0		x \$9 = \$		x \$18 = \$
INDEP.	2	MINUS	2	= 0		x \$42 = \$		x \$84 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						+ \$140 = \$		+ \$280 = \$
						TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

(a) No additional fee for claims is required.

OR

(b) Total additional fee for claims required \$ 0.00

FEE PAYMENT

5. Attached is a check in the sum of

 Charge Deposit Account No. 070845 (GE Medical Systems) the sum of \$0.00
A duplicate of this transmittal is attached.

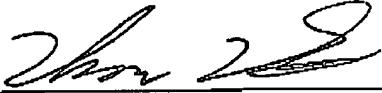
FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

 If any additional fee for claims is required, charge Deposit Account No. 070845 (GE Medical Systems).

7. Other:


Thomas M. Fisher, Reg. No. 47, 564
ARMSTRONG TEASDALE LLP
One Metropolitan Square, Suite 2600
St. Louis, MO 63102-2740
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